

Neshoba Co. Schools Y13

FCC Form 474	Do not write in this space.	Approval by OMB 3060 – 0856 Estimated time per response: 1.5 hours
Schools and Libraries Universal Service Service Provider Invoice Form 474 This form can be filled online or by mail.		
Please read instructions before completing.		Form 474 Invoice # <u>1618924</u> (To be inserted by administrator)
Block 1: Service Provider Information		
1. Service Provider Name Synergetics DCS, Inc.		
2a. Service Provider Identification Number (SPIN) 143004683		
3. Contact Person's Name Jennifer Gable Kimbrough		
4. Contact Telephone Number Area Code: 662 Phone Number: 3239484 Ext.: 101		
Contact Fax Number Area Code: 662 Fax Number: 3241876		
Contact Email Address jkimbrough@synergeticsdcs.com		
5. Invoice Number INV-016651SLD		
6. Invoice Date to USAC 02/09/2012		
7. Total Invoice Amount 8275.97		

SPIN 143004683						
Service Provider Form Identifier INV-016651SLD						
Contact Person Jennifer Gable Kimbrough						
Contact Telephone Number 662-3239484 101						
Block 2: Funding Request Number Information						
8. Form 471 Application Number (from Funding Commitment Decision Letter)	9. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	10. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	11. Customer Billed Date (mm/yyyy)	12. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	13. Total (Undiscounted) Amount for Service per FRN (14.2 digits max.)	14. Discount Amount Billed to USAC (14.2 digits max.)
			For each FRN, there should be an entry in Column 11 or Column 12 but NOT BOTH			
729408	1973446	ONE-TIME		01/29/2012	10890	8275.97

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Please submit this form to:

**SLD SPI Form 474
P.O. Box 7026
Lawrence, KS 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form (pages 1 - 4) to:

**SLD Forms
ATTN: SLD SPI Form 474
3833 Greenway Drive
Lawrence, KS 66046
888-203-8100**

Neshoba Co. Schools 413

FCC Form 474	Do not write in this space.	Approval by OMB 3060 – 0856 Estimated time per response: 1.5 hours
Schools and Libraries Universal Service Service Provider Invoice Form 474 This form can be filled online or by mail.		
Please read instructions before completing.		Form 474 Invoice # 1618948 (To be inserted by administrator)
Block 1: Service Provider Information		
1. Service Provider Name Synergetics DCS, Inc.		
2a. Service Provider Identification Number (SPIN) 143004683		
3. Contact Person's Name Jennifer Gable Kimbrough		
4. Contact Telephone Number Area Code: 662 Phone Number: 3239484 Ext.: 101		
Contact Fax Number Area Code: 662 Fax Number: 3241876		
Contact Email Address jkimbrough@synergeticsdcs.com		
5. Invoice Number INV-016652SLD		
6. Invoice Date to USAC 02/09/2012		
7. Total Invoice Amount 68631.17		

SPIN <u>143004683</u>						
Service Provider Form Identifier <u>INV-016652SLD</u>						
Contact Person <u>Jennifer Gable Kimbrough</u>						
Contact Telephone Number <u>662-3239484 101</u>						
Block 2: Funding Request Number Information						
8. Form 471 Application Number (from Funding Commitment Decision Letter)	9. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	10. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	11. Customer Billed Date (mm/yyyy)	12. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	13. Total (Undiscounted) Amount for Service per FRN (14.2 digits max.)	14. Discount Amount Billed to USAC (14.2 digits max.)
			For each FRN, there should be an entry in Column 11 or Column 12 but <u>NOT BOTH</u>			
729408	1973363	ONE-TIME		01/29/2012	85789	68631.17

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Neshoba Co. Schools 413

FCC Form 474	Do not write in this space.	Approval by OMB 3060 - 0856 Estimated time per response: 1.5 hours
Schools and Libraries Universal Service Service Provider Invoice Form 474 This form can be filled online or by mail.		
Please read instructions before completing.		Form 474 Invoice # 1618960 (To be inserted by administrator)
Block 1: Service Provider Information		
1. Service Provider Name Synergetics DCS, Inc.		
2a. Service Provider Identification Number (SPIN) 143004683		
3. Contact Person's Name Jennifer Gable Kimbrough		
4. Contact Telephone Number Area Code: 662 Phone Number: 3239484 Ext.: 101		
Contact Fax Number Area Code: 662 Fax Number: 3241876		
Contact Email Address jkimbrough@synergeticsdcs.com		
5. Invoice Number INV-016667SLD		
6. Invoice Date to USAC 02/09/2012		
7. Total Invoice Amount 11331.94		

SPIN 143004683Service Provider Form Identifier INV-016667SLDContact Person Jennifer Gable KimbroughContact Telephone Number 662-3239484 101**Block 2: Funding Request Number Information**

8. Form 471 Application Number (from Funding Commitment Decision Letter)	9. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	10. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	11. Customer Billed Date (mm/yyyy)	12. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	13. Total (Undiscounted) Amount for Service per FRN (14.2 digits max.)	14. Discount Amount Billed to USAC (14.2 digits max.)
			For each FRN, there should be an entry in Column 11 or Column 12 but <u>NOT BOTH</u>			
729408	1973430	ONE-TIME		01/29/2012	14165	11331.94

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Neshoba Co. Schools 713

FCC Form 474	Do not write in this space.	Approval by OMB 3060 - 0856 Estimated time per response: 1.5 hours
Schools and Libraries Universal Service Service Provider Invoice Form 474 This form can be filled online or by mail.		
Please read instructions before completing.		Form 474 Invoice # 1618966 (To be inserted by administrator)
Block 1: Service Provider Information		
1. Service Provider Name Synergetics DCS, Inc.		
2a. Service Provider Identification Number (SPIN) 143004683		
3. Contact Person's Name Jennifer Gable Kimbrough		
4. Contact Telephone Number Area Code: 662 Phone Number: 3239484 Ext.: 101		
Contact Fax Number Area Code: 662 Fax Number: 3241876		
Contact Email Address jkimbrough@synergeticsdcs.com		
5. Invoice Number INV-016668SLD		
6. Invoice Date to USAC 02/09/2012		
7. Total Invoice Amount 14714.40		

SPIN 143004683Service Provider Form Identifier INV-016668SLDContact Person Jennifer Gable KimbroughContact Telephone Number 662-3239484 101**Block 2: Funding Request Number Information**

8. Form 471 Application Number (from Funding Commitment Decision Letter)	9. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	10. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	11. Customer Billed Date (mm/yyyy)	12. Shipping Date to Customer or Last Day of Work Performed (mmdyyy)	13. Total (Undiscounted) Amount for Service per FRN (14.2 digits max.)	14. Discount Amount Billed to USAC (14.2 digits max.)
			For each FRN, there should be an entry in Column 11 or Column 12 but <u>NOT BOTH</u>			
729408	1973419	ONE-TIME		01/29/2012	18393.32	14714.40

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Neshoba Co. Schals 713

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Schools and Libraries Universal Service Service Provider Invoice Form 474 This form can be filled online or by mail.		
Please read instructions before completing.		Form 474 Invoice # 1619055 (To be inserted by administrator)
Block 1: Service Provider Information		
1. Service Provider Name Synergetics DCS, Inc.		
2a. Service Provider Identification Number (SPIN) 143004683		
3. Contact Person's Name Jennifer Gable Kimbrough		
4. Contact Telephone Number Area Code: 662 Phone Number: 3239484 Ext.: 101		
Contact Fax Number Area Code: 662 Fax Number: 3241876		
Contact Email Address jkimbrough@synergeticsdcs.com		
5. Invoice Number INV-017051SLD		
6. Invoice Date to USAC 02/09/2012		
7. Total Invoice Amount 45103.20		

SPIN 143004683Service Provider Form Identifier INV-017051SLDContact Person Jennifer Gable KimbroughContact Telephone Number 662-3239484 101**Block 2: Funding Request Number Information**

8. Form 471 Application Number (from Funding Commitment Decision Letter)	9. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	10. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	11. Customer Billed Date (mm/yyyy)	12. Shipping Date to Customer or Last Day of Work Performed (mmdyyy)	13. Total (Undiscounted) Amount for Service per FRN (14.2 digits max.)	14. Discount Amount Billed to USAC (14.2 digits max.)
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729408	1973391	ONE-TIME		01/29/2012	56379	45103.20

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